

BEST AVAILABLE COPY

25 JAN 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
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47					/		97						
48					/		98						
49					/		99						
50					/		100						
TOTAL IND.	1	↓	1	↓	3	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	15	↓	0	↓	25	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	16	↓	1	↓	28	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓